

CD-04 – COMPLIANCE SCHEDULE AND CERTIFICATION

State Form 51864 (R / 9-04)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

IDEM - Office of Air Quality - Permits Branch

100 N. Senate Avenue Indianapolis, IN 46204 Telephone: (317) 233-0178 or

Toll Free: 1-800-451-6027 x30178 (within Indiana)

Facsimile Number: (317) 232-6749

Http://www.IN.gov/idem/air/permits/index.html

NOTES:	•	The purpose of CD-04 is to	pr
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- rovide a schedule of for compliance certification submittals, a certification of the source's compliance status with all applicable requirements, and a compliance schedule that details the measures a source will use to address non-compliance.
- This form is completed once per application (not once for each emissions unit) with respect to all applicable requirements at the source.
- This is required form for each initial Title V permit application as well as each modification and every renewal.
- Detailed instructions for this form are available online at http://www.IN.gov/idem/air/permits/apps/instructions/cd04instructions.html.
- All information submitted to IDEM will be made available to the public unless it is submitted under a claim of confidentiality. Claims of confidentiality must be made at the time the information is submitted to IDEM, and must follow the requirements set out in 326 IAC 17.1-4-1. Failure to follow these requirements exactly will result in your information becoming a public record, available for any one to inspect and photocopy.

FOR OFFICE USE ONLY						
PERMIT NUMBER:						

Part A is intended to identify the permitted source and to identif	y the permit term compliance certification schedule.						
1. Source Name:	2. Source ID:						
3. Permit Term Compliance Certification Schedule							
Date of first certification submittal:	requency of future submittals:						
PART B: Risk Mar	<u> </u>						
Part B is intended to indicate whether sources subject to section 112(r), Accidental Release Prevention, are complying with the requirement to submit a Risk Management Plan (RMP).							
4. Statement of Applicability / Non-Applicability: Indicate whether the source is subject to Section 112(r) and the requirement to submit and RMP.							
Source is subject to Section 112(r) and a Risk Management Plan (RMP) is required.							
Source is not subject to Section 112(r) and a Risk Management Plan (RMP) is not required.							
RMP Submittal Information: Indicate when the RMP was submitted to each of the following agencies. If the RMP has not yet been submitted to any of the listed agencies, indicate the date when the RMP will be mailed to that agency. If the RMP for IDEM is attached to this application, please write "attached" in the Date Submitted column.							
5. Agency Name	6. Date Submitted 7. Expected Submittal Date						
Chemical Safety and Hazard Investigation Board (CSHIB)							
United States Environmental Protection Agency (U.S. EPA)							
Indiana Department of Environmental Management (IDEM)							
Local Agency responsible for permitting:							
8. EPA Facility Identifier:							

PART A: Source Identification and Compliance Schedule

Continued on next page

State Form 51					FORWICD-04
	PART C: C	ertification of Source Co	ompliance Status	5	
	ended to state whether the source ective actions to be taken in case		iance with all appl	icable requireme	nts and to
9. Check th	e Most Accurate Statement.				
The so require	ource described in this air pollutice ements and will continue to comp	on control permit application of the control permit application of the control of	on is fully in comp ts.	liance with all app	olicable
FORM The so	CD-01 includes new requirement ource will meet such requirement	nts that apply or will apply s on a timely basis.	to the emissions	unit during the te	rm of the permit.
require	ource described in this air pollutic ements, except for the emissions ed below.	on control permit application unit(s) listed below. Com	on is fully in comp npliance will be ac	liance with all app chieved according	olicable to the schedule
	11. Applicable Requirement	12. Corrective Action	13. Deadline	14. Progress Reports	
10. Unit ID				Start Date	Frequency
45.01	(D				
15. Signature	e of Responsible Official				
-	that, based on information and lation presented are true, accurate		nable inquiry, the s	statements and	
Name (typed	<u> </u>	 Title			
	,	7100			

Date

Signature